

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

**SOUTHERN DISTRICT OF TEXAS**

Case number (if known): \_\_\_\_\_ Chapter **11**

☐ Check if this is an amended filing

**Official Form 201**

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

**04/19**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

<b>1. Debtor's name</b>	<u>Ohio River Laboratory /iPath, LLC</u>	
<b>2. All other names debtor used in the last 8 years</b>		
	Include any assumed names, trade names and <i>doing business as</i> names	
<b>3. Debtor's federal Employer Identification Number (EIN)</b>	<u>4 6 - 1 3 1 9 9 9 8</u>	
<b>4. Debtor's address</b>	<b>Principal place of business</b>	<b>Mailing address, if different from principal place of business</b>
	<u>6776 Southwest Freeway</u> Number Street	_____ Number Street
	<u>Suite 600</u> _____ _____	_____ P.O. Box _____
	<u>Houston</u> <u>TX</u> <u>77074</u> City State ZIP Code	_____ City State ZIP Code
	<u>Harris</u> County	<b>Location of principal assets, if different from principal place of business</b>
		_____ Number Street _____ _____ City State ZIP Code
<b>5. Debtor's website (URL)</b>	_____	
<b>6. Type of debtor</b>	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

**7. Describe debtor's business****A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

**B. Check all that apply:**

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

**C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>**

\_\_\_\_ \_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7  
☐ Chapter 9  
☒ Chapter 11.

**Check all that apply:**

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy Under Chapter 11 (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

- ☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

If more than 2 cases, attach a separate list.

- ☒ No

- ☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_

MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Case number, if known \_\_\_\_\_

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_

MM / DD / YYYY

Case number, if known \_\_\_\_\_

**11. Why is the case filed in this district?***Check all that apply:*☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** *(Check all that apply.)*☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?**

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*☒ Funds will be available for distribution to unsecured creditors.☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

Debtor **Ohio River Laboratory /iPath, LLC**

Case number (if known) \_\_\_\_\_

- 14. Estimated number of creditors**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |
- 15. Estimated assets**
- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
- 16. Estimated liabilities**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

- 17. Declaration and signature of authorized representative of debtor**
- ☒ The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
  - ☒ I have been authorized to file this petition on behalf of the debtor.
  - ☒ I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/15/2020  
MM / DD / YYYY

**X /s/ Mitali Shah**  
Signature of authorized representative of debtor

**Mitali Shah**  
Printed name

Title **President**

**18. Signature of attorney**

**X /s/ Russell Van Beustring**  
Signature of attorney for debtor

Date **01/15/2020**  
MM / DD / YYYY

**Russell Van Beustring**  
Printed name

**The Lane Law Firm, PLLC**  
Firm name

**6200 Savoy Dr., Suite 1150**  
Number Street

**Houston**  
City

**TX**  
State

**77036-3300**  
ZIP Code

**(713) 595-8200**  
Contact phone

Email address

**02275115**  
Bar number

**TX**  
State

**Fill in this information to identify the case:**Debtor Name Ohio River Laboratory /iPath, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets--Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... **\$0.00****1b. Total personal property:**Copy line 91A from Schedule A/B..... **\$17,061.45****1c. Total of all property**Copy line 92 from Schedule A/B..... **\$17,061.45****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... **\$0.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... **\$0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... **+ \$1,637,028.42****4. Total liabilities**Lines 2 + 3a + 3b..... **\$1,637,028.42**

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

In re **Ohio River Laboratory /iPath, LLC**

Case No. \_\_\_\_\_

Chapter **11** \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	Fixed Fee: <b>\$35,000.00</b>
Prior to the filing of this statement I have received.....	<b>\$35,000.00</b>
Balance Due.....	<b>\$0.00</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**01/15/2020**

*Date*

**/s/ Russell Van Beustring**

*Russell Van Beustring*

The Lane Law Firm, PLLC

6200 Savoy Dr., Suite 1150

Houston, TX 77036-3300

Phone: (713) 595-8200 / Fax: (713) 595-8201

Bar No. 02275115

**Fill in this information to identify the case**Debtor name Ohio River Laboratory /iPath, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number  
(if known) \_\_\_\_\_☐ Check if this is an  
amended filing**Official Form 206A/B****Schedule A/B: Assets -- Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of  
debtor's interest**2. Cash on hand**

\_\_\_\_\_

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of  
account number3.1. Spirit of Texas Checking account xxx9661Checking account9 6 6 1\$1,031.45**4. Other cash equivalents (Identify all)**

Name of institution (bank or brokerage firm)

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$1,031.45****Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes. Fill in the information below.



Debtor Ohio River Laboratory /iPath, LLC  
Name

Case number (if known) \_\_\_\_\_

Current value of  
debtor's interest

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$0.00**

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest

**11. Accounts receivable**

11a. 90 days old or less: \$9,600.00 — \$0.00 = ..... → \$9,600.00  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$2,600,000.00 — \$2,600,000.00 = ..... → \$0.00  
face amount doubtful or uncollectible accounts

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$9,600.00**

**Part 4: Investments**

**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes. Fill in the information below.

Valuation method  
used for current value

Current value of  
debtor's interest

**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

**\$0.00**

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes. Fill in the information below.

Debtor Ohio River Laboratory /iPath, LLC  
Name

Case number (if known) \_\_\_\_\_

General description	Date of the last physical inventory MM/DD/YYYY	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
20. Work in progress				
21. Finished goods, including goods held for resale				
22. Other inventory or supplies				
23. Total of Part 5				<div>\$0.00</div>
Add lines 19 through 22. Copy the total to line 84.				
24. Is any of the property listed in Part 5 perishable?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				
25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____				
26. Has any of the property listed in Part 5 been appraised by a professional within the last year?				
<input type="checkbox"/> No				
<input type="checkbox"/> Yes				

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming or fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.

☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops--either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6.			<div>\$0.00</div>
Add lines 28 through 32. Copy the total to line 85.			
34. Is the debtor a member of an agricultural cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?			
<input type="checkbox"/> No			
<input type="checkbox"/> Yes			

**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
<b>Desks, chairs, lab stools, tables, filing cabinets</b>			<b>\$3,430.00</b>
<b>40. Office fixtures</b>			
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>			
<b>Computer equipment, lab equipment (medical gloves, pipettes, ect)</b>			<b>\$3,000.00</b>
<b>42. Collectibles</b> <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			

**43. Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$6,430.00****44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No  
☐ Yes

**45. Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles****46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
<b>48. Watercraft, trailers, motors, and related accessories</b> <i>Examples: Boats trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
<b>49. Aircraft and accessories</b>			
<b>50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b>			
<b>51. Total of Part 8.</b>			
Add lines 47 through 50. Copy the total to line 87.			<b>\$0.00</b>

**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☐ No  
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

## Part 9: Real property

54. Does the debtor own or lease any real property?

- ☒ No. Go to Part 10.  
☐ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.				

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00**

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☐ No  
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

## Part 10: Intangibles and Intellectual Property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

**\$0.00**

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☐ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☐ No  
☐ Yes

Debtor Ohio River Laboratory /iPath, LLC Case number (if known) \_\_\_\_\_  
Name

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

### Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes. Fill in the information below.

Current value of  
debtor's interest

71. Notes receivable

Description (include name of obligor)

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

75. Other contingent and unliquidated claims or causes of action of every nature,  
including counterclaims of the debtor and rights to set off claims

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples:* Season tickets, country club membership

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

Debtor Ohio River Laboratory /iPath, LLC  
Name

Case number (if known) \_\_\_\_\_

## Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$1,031.45</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$9,600.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$6,430.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i> →		<div><u>\$0.00</u></div>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<div>+ <u>\$0.00</u></div>	
91. Total. Add lines 80 through 90 for each column. 91a.	<div><u>\$17,061.45</u></div>	<div>+ 91b. <u>\$0.00</u></div>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.....		<div><u>\$17,061.45</u></div>

**Fill in this information to identify the case:**Debtor name Ohio River Laboratory /iPath, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number  
(if known) \_\_\_\_\_☐ Check if this is an amended filing

## Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.**Column B**  
**Value of collateral that supports this claim****2.1 Creditor's name****Describe debtor's property that is subject to a lien****Creditor's mailing address****Describe the lien**\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Is the creditor an insider or related party?**

- ☐ No  
☐ Yes

**Creditor's email address, if known****Is anyone else liable on this claim?**

- ☐ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Date debt was incurred****Last 4 digits of account number****As of the petition filing date, the claim is:**  
Check all that apply.**Do multiple creditors have an interest in the same property?**

- ☐ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$0.00

**Fill in this information to identify the case:**Debtor Ohio River Laboratory /iPath, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number \_\_\_\_\_  
(if known)☐ Check if this is an  
amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.  
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim      Priority amount

**2.1** Priority creditor's name and mailing addressAs of the petition filing date, the  
claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim:

Date or dates debt was incurred

Last 4 digits of account  
number \_\_\_\_\_Specify Code subsection of **PRIORITY** unsecured  
claim: 11 U.S.C. § 507(a)( \_\_\_\_\_ )

Is the claim subject to offset?

- ☐ No  
☐ Yes



**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If more space is needed for nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.1</div> Nonpriority creditor's name and mailing address  <b>AB Sciex</b> <b>1201 Radio Road</b>  <b>Redwood City</b> <b>CA</b> <b>94065</b> Date or dates debt was incurred <b>2017-2019</b> Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Vendor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,635.06</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.2</div> Nonpriority creditor's name and mailing address  <b>ABN Billing</b> <b>24460 Highway 383</b>  <b>Iowa</b> <b>LA</b> <b>70647</b> Date or dates debt was incurred <b>2017-2018</b> Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Business Expenses</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$158,313.84</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.3</div> Nonpriority creditor's name and mailing address  <b>ADT</b> <b>P.O. BOX 371878</b>  <b>Pittsburgh</b> <b>PA</b> <b>15250</b> Date or dates debt was incurred <b>2017-2018</b> Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Business Expenses</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,817.07</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.4</div> Nonpriority creditor's name and mailing address  <b>AEON Clinical Laboratories</b> <b>2225 Centennial Drive</b>  <b>Gainesville</b> <b>GA</b> <b>30504</b> Date or dates debt was incurred <b>2017-2018</b> Last 4 digits of account number    _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Business Expenses</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,000.00</b>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.5</div> Nonpriority creditor's name and mailing address  AEP 1 Riverside Plaza  Columbus OH 43215 Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,245.76
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.6</div> Nonpriority creditor's name and mailing address  Airgas USA, LLC P.O. Box 734671  Dallas TX 75373 Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$441.08
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.7</div> Nonpriority creditor's name and mailing address  Alief ISD 4250 Cook Rd  Houston TX 77072 Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$717.75
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.8</div> Nonpriority creditor's name and mailing address  Amigo Energy PO Box 3607  Houston TX 77253 Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,243.07

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.9</div> Nonpriority creditor's name and mailing address  <u>Anne Harris Bennett</u> <u>7300 N Shepherd Dr</u>  <u>Houston</u> <u>TX</u> <u>77091</u>  Date or dates debt was incurred <u>2017-2018</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,289.22</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.10</div> Nonpriority creditor's name and mailing address  <u>Ascentium Capital</u> <u>5447 E. 5th Street</u>  <u>Tucson</u> <u>AZ</u> <u>85711</u>  Date or dates debt was incurred <u>2017-2018</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Business Loan</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,994.81</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.11</div> Nonpriority creditor's name and mailing address  <u>Biotek Services, Inc</u> <u>5310 S Laburnum Ave</u>  <u>Henrico</u> <u>VA</u> <u>23231</u>  Date or dates debt was incurred <u>2017-2018</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$560.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.12</div> Nonpriority creditor's name and mailing address  <u>Campbell Science</u> <u>641 S. Main St</u>  <u>Rockford</u> <u>IL</u> <u>61101</u>  Date or dates debt was incurred <u>2017-2018</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,718.06</u>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<b>3.13</b>	Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	<b>\$14,077.17</b>
	<u>Cerilliant Corporation</u>	<input type="checkbox"/> Contingent	
	<u>811 Paloma Drive</u>	<input type="checkbox"/> Unliquidated	
	<u>Suite A</u>	<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Round Rock TX 78665</u>	<b>Vendor</b>	
	Date or dates debt was incurred <u>2017-2018</u>	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>    </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.14</b>	Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	<b>\$2,720.48</b>
	<u>CNA Insurance</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 74007619</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Chicago IL 60674</u>	<b>Vendor</b>	
	Date or dates debt was incurred <u>2017-2018</u>	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>    </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.15</b>	Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	<b>\$177.71</b>
	<u>Columbia Gas of Ohio</u>	<input type="checkbox"/> Contingent	
	<u>PO Box 4629</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Carol Stream IL 60197</u>	<b>Business Expenses</b>	
	Date or dates debt was incurred <u>2017-2018</u>	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>    </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
<b>3.16</b>	Nonpriority creditor's name and mailing address	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i>	<b>\$75,000.00</b>
	<u>Concord Life Sciences</u>	<input type="checkbox"/> Contingent	
	<u>5151 Mitchelldale St</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	
	<u>Houston TX 77092</u>	<b>Vendor</b>	
	Date or dates debt was incurred <u>2017-2018</u>	<b>Is the claim subject to offset?</b>	
	Last 4 digits of account number <u>    </u>	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div> Nonpriority creditor's name and mailing address  <u>Control Waste Services</u> <u>15912 Hollister St</u>  <u>Houston TX 77066</u>  Date or dates debt was incurred <u>2017-2018</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$315.21</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div> Nonpriority creditor's name and mailing address  <u>Culligan of Central Ohio</u> <u>8260 Howe Industrial Pkwy</u>  <u>Canal Winchester OH 43110</u>  Date or dates debt was incurred <u>2016-2017</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$189.64</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div> Nonpriority creditor's name and mailing address  <u>Culligan of Houston</u> <u>5450 Guhn Rd</u>  <u>Houston TX 77040</u>  Date or dates debt was incurred <u>2017-2018</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,336.84</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div> Nonpriority creditor's name and mailing address  <u>Doran and Johnston PLLC</u> <u>10701 Corporate Dr</u> <u>#238</u>  <u>Stafford TX 77477</u>  Date or dates debt was incurred <u>2018</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$200.00</u>

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div> Nonpriority creditor's name and mailing address  <u>Eclinical Works</u> <u>2 Technology Drive</u>  <u>Westborough</u> <u>MA</u> <u>01581</u>  Date or dates debt was incurred <u>2017-2018</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,237.31</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div> Nonpriority creditor's name and mailing address  <u>Elite Bio Reference Laboratory, Inc.</u> <u>6776 Southwest Freeway</u> <u>Suite 620</u>  <u>Houston</u> <u>TX</u> <u>77074</u>  Date or dates debt was incurred <u>2018-2019</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Loan</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$16,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.23</div> Nonpriority creditor's name and mailing address  <u>ExpoTech</u> <u>10700 Rockely Road</u>  <u>Houston</u> <u>TX</u> <u>77099</u>  Date or dates debt was incurred <u>2017-2018</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,640.11</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.24</div> Nonpriority creditor's name and mailing address  <u>Faruki Ireland Cox Rhinehart &amp; Dusing</u> <u>110 North Main St</u> <u>Ste 1600</u>  <u>Dayton</u> <u>OH</u> <u>45402</u>  Date or dates debt was incurred <u>2017-2018</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$17,041.80</u>

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.25</div> Nonpriority creditor's name and mailing address Fisher Scientific PO Box 40475  Atlanta GA 30384 Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Vendor</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,094.63</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.26</div> Nonpriority creditor's name and mailing address Forward Financing LLC 100 Summer Street Suite 1175  Boston MA 02110 Date or dates debt was incurred 2019 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Merchant Cash Advance Loan</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$113,413.12</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.27</div> Nonpriority creditor's name and mailing address Fox Capital Group 65 Broadway Suite 804  New York NY 10006 Date or dates debt was incurred 2019 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <b>Merchant Cash Advance Loan</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,628.84</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.28</div> Nonpriority creditor's name and mailing address Gary E. Patterson, P.C. 1214 Elgin Street  Houston TX 77004 Date or dates debt was incurred 2019 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Legal fees</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,145.00</b>

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.29</div> Nonpriority creditor's name and mailing address  Golden West Diagnostics 42191 Sarah Way   Temecula CA 92590 Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Vendor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$565.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.30</div> Nonpriority creditor's name and mailing address  Immunalysis Corporation 829 Towne Center Dr   Pomona CA 91767 Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Vendor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$219.56
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.31</div> Nonpriority creditor's name and mailing address  IPFS Corporation PO Box 412086   Kansas City MO 64141 Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Insurance</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,840.50
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.32</div> Nonpriority creditor's name and mailing address  LG Funding 1218 Union St Suite 2   Brooklyn NY 11256 Date or dates debt was incurred 2019 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Merchant Cash Advance Loan</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40,708.00



**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.33</div> Nonpriority creditor's name and mailing address  Liles Parker, PLLC 2121 Wisconsin Ave NW Suite 200  Washington DC 20007  Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$9,315.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.34</div> Nonpriority creditor's name and mailing address  Lisa Bates-Dubrow 9451 Scanlan Heights Ln  Missouri City TX 77459  Date or dates debt was incurred 2018-2019 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Judgment</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$50,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.35</div> Nonpriority creditor's name and mailing address  Logan Laboratories 5050 W Lemon St  Tampa FL 33609  Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$750.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.36</div> Nonpriority creditor's name and mailing address  Logix Communication 2950 N Loop W  Houston TX 77092  Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$628.58</u>

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.37</div> Nonpriority creditor's name and mailing address <b>Mantis Funding</b> <b>315 Madison Ave</b>  <b>New York</b> <b>NY</b> <b>10017</b> Date or dates debt was incurred <b>2019</b> Last 4 digits of account number      _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Merchant Cash Advance Loan</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,362.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.38</div> Nonpriority creditor's name and mailing address <b>MedArbor LLC</b> <b>200 Rittenhouse Circle</b> <b>East Building Suite 3</b>  <b>Bristol</b> <b>PA</b> <b>19007</b> Date or dates debt was incurred <b>2019</b> Last 4 digits of account number      _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Judgment</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$450,000.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div> Nonpriority creditor's name and mailing address <b>MedSharps</b> <b>PO Box 91139</b>  <b>San Antonio</b> <b>TX</b> <b>78209</b> Date or dates debt was incurred <b>2017-2018</b> Last 4 digits of account number      _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Vendor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$790.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.40</div> Nonpriority creditor's name and mailing address <b>NMS Labs</b> <b>200 Welsh Road</b>  <b>Horsham</b> <b>PA</b> <b>19044</b> Date or dates debt was incurred <b>2017-2018</b> Last 4 digits of account number      _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Vendor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,405.00</b>

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.41</div> Nonpriority creditor's name and mailing address  Peak Scientific 19 Sterling Rd Suite 1  North Billerica MA 01862 Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Vendor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,716.99
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.42</div> Nonpriority creditor's name and mailing address  Pearson & Bernard PSC 178 Barnwood Dr  Edgewood KY 41017 Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Business Expenses</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,002.35
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.43</div> Nonpriority creditor's name and mailing address  Power Up Lending Group 111 Great Neck Road Suite 216  Great Neck NY 11021 Date or dates debt was incurred 2019 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Merchant Cash Advance Loan</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86,500.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.44</div> Nonpriority creditor's name and mailing address  Prince Edward Management, LLC 3406 Hicks Street  Houston TX 77007 Date or dates debt was incurred 2018-2019 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Consultants</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,540.00

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.45</div> Nonpriority creditor's name and mailing address  <u>Quest Diagnostics</u> <u>One Malcolm Avenue</u>  <u>Teterboro</u> <u>NJ</u> <u>07608</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Judgment</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$277,732.12</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.46</div> Nonpriority creditor's name and mailing address  <u>Quest National Services</u> <u>210 W 13th St</u>  <u>Houston</u> <u>TX</u> <u>77008</u>  Date or dates debt was incurred <u>2018-2019</u> Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,600.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.47</div> Nonpriority creditor's name and mailing address  <u>Redwood Laboratory Services</u> <u>25321 Interstate 45 N Suite C</u>  <u>Spring</u> <u>TX</u> <u>77380</u>  Date or dates debt was incurred <u>2019</u> Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Loan</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$10,500.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.48</div> Nonpriority creditor's name and mailing address  <u>Restek Corporation</u> <u>PO Box 4276</u>  <u>Lancaster</u> <u>PA</u> <u>17604</u>  Date or dates debt was incurred <u>2017-2018</u> Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,412.85</u>

**Part 2: Additional Page**

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Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.49</div> Nonpriority creditor's name and mailing address  RPS Consulting, Inc 289 West Vanebrake Blvd   Hattiesburg MS 39402  Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Vendor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,289.91
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.50</div> Nonpriority creditor's name and mailing address  Southwest Atrium 6776 Southwest Freeway Suite 587   Houston TX 77074  Date or dates debt was incurred Last 4 digits of account number _ _ _ _  Office lease	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Contract/Lease</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,775.00
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.51</div> Nonpriority creditor's name and mailing address  Suddenlink Communications PO Box 742698   Cincinnati OH 45274  Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Utility</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,024.29
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.52</div> Nonpriority creditor's name and mailing address  TKA Health Care, Inc PO Box 5459   Pasadena TX 77508  Date or dates debt was incurred 2017-2018 Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Vendor</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$51,000.00

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.53</div> Nonpriority creditor's name and mailing address  <u>UPS</u> <u>400 White Clay Center Drive</u>  <u>Newark</u> <u>DE</u> <u>19711</u>  Date or dates debt was incurred <u>2017-2018</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Business Expenses</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$13,683.69</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.54</div> Nonpriority creditor's name and mailing address  <u>Westfield Insurance</u> <u>One Park Circle</u> <u>P.O.Box 5001</u>  <u>Westfield Center</u> <u>OH</u> <u>44251</u>  Date or dates debt was incurred <u>2017-2018</u> Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Vendor</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,474.00</u>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Executive Financial Enterprises, Inc</b> <b>1636 N Wilcox Ave</b> <b>#680</b>  <b>Los Angeles CA 90028</b>	Line <u>3.53</u> <input type="checkbox"/> Not listed. Explain:	_____
4.2	<b>Internal Revenue Service</b> <b>P.O. Box 7346</b>  <b>Philadelphia PA 19101-7346</b>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Required Notification</b>	_____
4.3	<b>Paranjpe &amp; Mahadass, LLP</b> <b>3701 Kirby Drive, Suite 530</b>  <b>Houston TX 77098</b> <b>A/R Collection Agreement</b>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Contract/Lease</b>	_____
4.4	<b>Quantum Analytics</b> <b>3400 East Third Avenue</b>  <b>San Mateo CA 94404</b>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: <b>Notice Only</b>	_____
4.5	<b>Stuart-Lippman</b> <b>5447 E. 5th Street</b> <b>Suite 110</b>  <b>Tucson AZ 85711</b>	Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain:	_____
4.6	<b>Totz Ellison &amp; Tetz PC</b> <b>2211 Norfolk St</b>  <b>Houston TX 77098</b>	Line <u>3.49</u> <input type="checkbox"/> Not listed. Explain:	_____

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$0.00
5b. Total claims from Part 2	5b. +	\$1,637,028.42
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$1,637,028.42



**Fill in this information to identify the case:**Debtor name Ohio River Laboratory /iPath, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number \_\_\_\_\_ Chapter 11  
(if known)☐ Check if this is an amended filing

## Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

<b>2.1</b>	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	<b>A/R Contingency Collection Agreement</b>	<b>Paranjpe &amp; Mahadass, LLP</b>
	<b>State the term remaining</b>		<b>3701 Kirby Drive, Suite 530</b>
	<b>List the contract number of any government contract</b>		
		<b>Houston</b>	<b>TX 77098</b>
<b>2.2</b>	<b>State what the contract or lease is for and the nature of the debtor's interest</b>	<b>Office lease located at: 6776 Southwest Freeway Suite 600 Houston, TX 77074 Contract to be ASSUMED Contract is in DEFAULT</b>	<b>Southwest Atrium</b>
	<b>State the term remaining</b>	<b>18</b>	<b>6776 Southwest Freeway</b>
	<b>List the contract number of any government contract</b>		<b>Suite 587</b>
		<b>Houston</b>	<b>TX 77074</b>

**Fill in this information to identify the case:**Debtor name Ohio River Laboratory /iPath, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number  
(if known) \_\_\_\_\_☐ Check if this is an  
amended filing

Official Form 206H

**Schedule H: Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Does the debtor have any codebtors?**

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

**Column 1: Codebtor****Column 2: Creditor***Check all schedules  
that apply:*

Name	Mailing address	Name	
2.1 Leena Shah	<b>14626 Bradford Colony Dr</b> Number Street  <b>Houston TX 77084</b> City State ZIP Code	<b>Mantis Funding</b>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Leena Shah	<b>14626 Bradford Colony Dr</b> Number Street  <b>Houston TX 77084</b> City State ZIP Code	<b>Power Up Lending Group</b>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Leena Shah	<b>14626 Bradford Colony Dr</b> Number Street  <b>Houston TX 77084</b> City State ZIP Code	<b>Forward Financing LLC</b>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Leena Shah	<b>14626 Bradford Colony Dr</b> Number Street  <b>Houston TX 77084</b> City State ZIP Code	<b>Fox Capital Group</b>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Ohio River Laboratory /iPath, LLC

Case number (if known)

**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Check all schedules  
that apply:

Name	Mailing address	Name	
2.5 Leena Shah	14626 Bradford Colony Dr Number Street	LG Funding	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Houston TX 77084 City State ZIP Code		
2.6 Mitali Shah	1900 Genessee Street Number Street	Mantis Funding	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	#205		
	Houston TX 77006 City State ZIP Code		
2.7 Mitali Shah	1900 Genessee Street Number Street	Power Up Lending Group	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	#205		
	Houston TX 77006 City State ZIP Code		
2.8 Mitali Shah	1900 Genessee Street Number Street	Forward Financing LLC	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	#205		
	Houston TX 77006 City State ZIP Code		
2.9 Mitali Shah	1900 Genessee Street Number Street	Fox Capital Group	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	#205		
	Houston TX 77006 City State ZIP Code		
2.10 Mitali Shah	1900 Genessee Street Number Street	LG Funding	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	#205		
	Houston TX 77006 City State ZIP Code		
2.11 Uday Shah	14626 Bradford Colony Dr Number Street	Mantis Funding	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	Houston TX 77084 City State ZIP Code		

Debtor

Ohio River Laboratory /iPath, LLC

Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

*Column 1: Codebtor**Column 2: Creditor**Check all schedules  
that apply:*

<b>Name</b>	<b>Mailing address</b>	<b>Name</b>	
<b>2.12 Uday Shah</b>	<b>14626 Bradford Colony Dr</b> Number Street	<b>Power Up Lending Group</b>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	<b>Houston TX 77084</b> City State ZIP Code		
<b>2.13 Uday Shah</b>	<b>14626 Bradford Colony Dr</b> Number Street	<b>LG Funding</b>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	<b>Houston TX 77084</b> City State ZIP Code		
<b>2.14 Uday Shah</b>	<b>14626 Bradford Colony Dr</b> Number Street	<b>Fox Capital Group</b>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	<b>Houston TX 77084</b> City State ZIP Code		
<b>2.15 Uday Shah</b>	<b>14626 Bradford Colony Dr</b> Number Street	<b>Forward Financing LLC</b>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
	<b>Houston TX 77084</b> City State ZIP Code		

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

In re: **Ohio River Laboratory /iPath, LLC**

CASE NO

CHAPTER 11

**BUSINESS INCOME AND EXPENSES**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

**PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:**

1. Gross Income for 12 Months Prior to Filing: **\$60,000.00**

**PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:**

2. Gross Monthly Income: **\$62,500.00**

**PART C - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:**

3. Net Employee Payroll (Other Than Debtor):	<u><b>\$25,000.00</b></u>
4. Payroll Taxes:	<u><b>\$5,000.00</b></u>
5. Unemployment Taxes:	<u><b>\$0.00</b></u>
6. Worker's Compensation:	<u><b>\$0.00</b></u>
7. Other Taxes:	<u><b>\$0.00</b></u>
8. Inventory Purchases (including raw materials):	<u><b>\$0.00</b></u>
9. Purchase of Feed/Fertilizer/Seed/Spray:	<u><b>\$0.00</b></u>
10. Rent (other than debtor's principal residence):	<u><b>\$5,500.00</b></u>
11. Utilities:	<u><b>\$400.00</b></u>
12. Office Expenses and Supplies:	<u><b>\$5,000.00</b></u>
13. Repairs and Maintenance:	<u><b>\$3,000.00</b></u>
14. Vehicle Expenses:	<u><b>\$0.00</b></u>
15. Travel and Entertainment:	<u><b>\$2,000.00</b></u>
16. Equipment Rental and Leases:	<u><b>\$7,000.00</b></u>
17. Legal/Accounting/Other Professional Fees:	<u><b>\$0.00</b></u>
18. Insurance:	<u><b>\$0.00</b></u>
19. Employee Benefits (e.g., pension, medical, etc.):	<u><b>\$0.00</b></u>
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts (Specify):	<b>None</b>
21. Other (Specify):	<b>None</b>
22. Total Monthly Expenses (Add items 3 - 21)	<u><b>\$52,900.00</b></u>

**PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:**

23. AVERAGE NET MONTHLY INCOME (Subtract item 22 from item 2): **\$9,600.00**

**Fill in this information to identify the case and this filing:**Debtor Name Ohio River Laboratory /iPath, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number  
(if known) \_\_\_\_\_**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206-Summary)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/15/2020  
MM / DD / YYYY

**X** /s/ Mitali Shah  
Signature of individual signing on behalf of debtor

**Mitali Shah**  
Printed name

**President**  
Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name Ohio River Laboratory /iPath, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number  
(if known) \_\_\_\_\_☐ Check if this is an  
amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/19**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ NoneIdentify the beginning and ending dates of the debtor's fiscal year,  
which may be a calendar yearSources of revenue  
Check all that apply.Gross revenue  
(before deductions  
and exclusions)From the beginning of the  
fiscal year to filing date:From 01/01/2020 to \_\_\_\_\_  
MM / DD / YYYY

Filing date

☒ Operating a business  
☐ Other \_\_\_\_\_\$0.00

For prior year:

From 01/01/2019 to \_\_\_\_\_  
MM / DD / YYYY12/31/2019  
MM / DD / YYYY☒ Operating a business  
☐ Other \_\_\_\_\_\$84,894.88

For the year before that:

From 01/01/2018 to \_\_\_\_\_  
MM / DD / YYYY12/31/2018  
MM / DD / YYYY☒ Operating a business  
☐ Other \_\_\_\_\_\$48,731.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity--within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. <b>VWR International, LLC v. Ohio River Laboratory/iPath, LLC</b>	<b>breach of contract</b>	<b>Harris County Civil Court #3</b> Name <b>Harris County Civil Courthouse</b> Street <b>201 Caroline, 5th Floor</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Case number</b> <b>1121239</b>		<b>Houston TX 77002-1900</b> City State ZIP Code	
Case title	Nature of case	Court or agency's name and address	Status of case
7.2. <b>Quest Diagnostics, Inc. v. Ohio River Laboratory/iPath, LLC</b>	<b>breach of contract</b>	<b>133rd Civil Court</b> Name <b>Harris County Civil Courthouse</b> Street <b>201 Caroline, 11th Floor</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Case number</b> <b>2018-60601</b>		<b>Houston TX 77002</b> City State ZIP Code	



Debtor Ohio River Laboratory /iPath, LLC Case number (if known) \_\_\_\_\_  
Name

	Case title	Nature of case	Court or agency's name and address	Status of case
7.3.	<b>Lisa Bates-Dubrow v. Ohio River Laboratory/iPath, LLC</b>	<b>Breach of contract</b>	<b>District Court of Fort Bend County</b> Name <b>268th District Court</b> Street <b>301 Jackson St</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Case number  
18-DCV-257404

Richmond TX 77469  
City State ZIP Code

	Case title	Nature of case	Court or agency's name and address	Status of case
7.4.	<b>US Specialty Labs v. Ohio River Laboratory</b>	<b>breach of contract</b>	<b>164th Judicial District Court</b> Name <b>Harris County Civil Courthouse</b> Street <b>201 Caroline, 12th Floor</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Case number  
201968445

Houston TX 77002  
City State ZIP Code

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Debtor Ohio River Laboratory /iPath, LLC  
Name

Case number (if known) \_\_\_\_\_

## Part 6: Certain Payments or Transfers

### 11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

Who was paid or who received the transfer?	If not money, describe the property transferred	Dates	Total amount or value
11.1. <u>The Lane Law Firm, PLLC</u>		<u>10/4/2019</u>	<u>\$15,000.00</u>

**Address**

6200 Savoy Dr., Suite 1150

Street

Houston TX 77036-3300

City

State

ZIP Code

**Email or website address**

**Who made the payment, if not debtor?**

Stephen MacLauchlan

11.2. <u>The Lane Law Firm, PLLC</u>		<u>12/5/2019</u>	<u>\$20,000.00</u>
--------------------------------------	--	------------------	--------------------

**Address**

6200 Savoy Dr., Suite 1150

Street

Houston TX 77036-3300

City

State

ZIP Code

**Email or website address**

**Who made the payment, if not debtor?**

Redwood Laboratory Servcies

### 12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

Debtor Ohio River Laboratory /iPath, LLC Case number (if known) \_\_\_\_\_  
Name

**13. Transfers not already listed on this statement**

List any transfers of money or other property--by sale, trade, or any other means--made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

**Address**

**Dates of occupancy**

14.1. 10414 Rockley Road From 8/15 To 3/18  
Street

Houston TX 77099  
City State ZIP Code

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- ☐ diagnosing or treating injury, deformity, or disease, or
- ☐ providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

☒ No.

☐ Yes. State the nature of the information collected and retained \_\_\_\_\_

Does the debtor have a privacy policy about that information?

☐ No.

☐ Yes.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☒ No. Go to Part 10.

☐ Yes. Fill in below:

## Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

### 18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts, certificates of deposit, and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

### 19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

### 20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

## Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

### 21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

## Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

### 22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?

Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Debtor Ohio River Laboratory /iPath, LLC Case number (if known) \_\_\_\_\_  
Name

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No  
☐ Yes. Provide details below.

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Provide details below.

### Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

	Name and address	Dates of service
26a.1.	<b>Rick Crellin</b> Name <b>404 Oxford St., Apt 1332</b> Street	From <u>2016</u> To <u>2018</u>
	<b>Houston</b> <b>TX</b> <b>77007</b> City State ZIP Code	

	Name and address	Dates of service
26a.2.	<b>Rajinder Seghal, CPA</b> Name <b>14847 Tuttle Point Drive</b> Street	From <u>2015</u> To <u>Present</u>
	<b>Houston</b> <b>TX</b> <b>77082</b> City State ZIP Code	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

	Name and address	If any books of account and records are unavailable, explain why
26c.1.	<b>Rajinder Sehgal, CPA</b> Name <b>14847 Tuttle Point Drive</b> Street	
	<b>Houston</b> <b>TX</b> <b>77082</b> City State ZIP Code	

Debtor Ohio River Laboratory /iPath, LLC Case number (if known) \_\_\_\_\_  
Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No.

☐ Yes. Give the details about the two most recent inventories.

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Leena Shah	14626 Bradford Colony Drive Houston, TX 77084	Member	50%
Mitali Shah	14626 Bradford Colony Drive Houston, TX 77084	Member	50%

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
------	---------	-------------------------------------	---

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1.	<u>Naga Naidu</u> Name <u>6938 Pebble Ridge Trail</u> Street  <u>Missouri City TX 77459</u> City State ZIP Code	<u>Annual Salary</u> <u>\$90,000.00</u>	<u>monthly</u>	
	<u>Relationship to debtor</u> <u>Scientific Director</u>			

**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

☒ No

☐ Yes. Identify below.

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

☒ No

☐ Yes. Identify below.

Debtor Ohio River Laboratory /iPath, LLC Case number (if known) \_\_\_\_\_  
Name

#### Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/15/2020  
MM / DD / YYYY

**X** /s/ Mitali Shah Printed name Mitali Shah

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes

**Fill in this information to identify the case:**Debtor name Ohio River Laboratory /iPath, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXASCase number \_\_\_\_\_  
(if known)☐ Check if this is an  
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claims resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1 MedArbor LLC 200 Rittenhouse Circle East Building Suite 3 Bristol, PA 19007		Judgment	Disputed			\$450,000.00
2 Quest Diagnostics One Malcolm Avenue Teterboro, NJ 07608		Judgment	Disputed			\$277,732.12
3 ABN Billing 24460 Highway 383 Iowa, LA 70647		Business Expenses	Disputed			\$158,313.84
4 Forward Financing LLC 100 Summer Street Suite 1175 Boston, MA 02110		Merchant Cash Advance Loan	Disputed			\$113,413.12
5 Power Up Lending Group 111 Great Neck Road Suite 216 Great Neck, NY 11021		Merchant Cash Advance Loan	Disputed			\$86,500.00



Debtor

**Ohio River Laboratory /iPath, LLC**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
6 Concord Life Sciences 5151 Mitchelldale St Houston, TX 77092		Vendor				\$75,000.00
7 TKA Health Care, Inc PO Box 5459 Pasadena, TX 77508		Vendor	Disputed			\$51,000.00
8 Lisa Bates-Dubrow 9451 Scanlan Heights Ln Missouri City, TX 77459		Judgment	Disputed			\$50,000.00
9 LG Funding 1218 Union St Suite 2 Brooklyn, NY 11256		Merchant Cash Advance Loan	Disputed			\$40,708.00
10 Mantis Funding 315 Madison Ave New York, NY 10017		Merchant Cash Advance Loan	Disputed			\$38,362.00
11 AB Sciex 1201 Radio Road Redwood City, CA 94065		Vendor	Disputed			\$31,635.06
12 Southwest Atrium 6776 Southwest Freeway Suite 587 Houston, TX 77074		Contract/Lease				\$30,775.00
13 RPS Consulting, Inc 289 West Vanebrake Blvd Hattiesburg, MS 39402		Vendor	Disputed			\$20,289.91

Debtor

**Ohio River Laboratory /iPath, LLC**

Case number (if known)

Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
14	Faruki Ireland Cox Rhinehart & Dusing 110 North Main St Ste 1600 Dayton, OH 45402		Business Expenses				\$17,041.80
15	Elite Bio Reference Laboratory, Inc. 6776 Southwest Freeway Suite 620 Houston, TX 77074		Business Loan				\$16,000.00
16	AEON Clinical Laboratories 2225 Centennial Drive Gainesville, GA 30504		Business Expenses	Disputed			\$16,000.00
17	Cerilliant Corporation 811 Paloma Drive Suite A Round Rock, TX 78665		Vendor				\$14,077.17
18	Ascentium Capital 5447 E. 5th Street Tucson, AZ 85711		Business Loan	Disputed			\$13,994.81
19	UPS 400 White Clay Center Drive Newark, DE 19711		Business Expenses				\$13,683.69
20	Prince Edward Management, LLC 3406 Hicks Street Houston, TX 77007		Consultants				\$12,540.00

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

IN RE: **Ohio River Laboratory /iPath, LLC**

CASE NO

CHAPTER 11

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 1/15/2020

Signature /s/ Mitali Shah  
*Mitali Shah*  
*President*

Date \_\_\_\_\_

Signature \_\_\_\_\_

AB Sciex  
1201 Radio Road  
Redwood City, CA 94065

Ascentium Capital  
5447 E. 5th Street  
Tucson, AZ 85711

Culligan of Houston  
5450 Guhn Rd  
Houston, TX 77040

ABN Billing  
24460 Highway 383  
Iowa, LA 70647

Biotek Services, Inc  
5310 S Laburnum Ave  
Henrico, VA 23231

Doran and Johnston PLLC  
10701 Corporate Dr  
#238  
Stafford, TX 77477

ADT  
P.O. BOX 371878  
Pittsburgh, PA 15250

Campbell Science  
641 S. Main St  
Rockford, IL 61101

Eclinical Works  
2 Technology Drive  
Westborough, MA 01581

AEON Clinical Laboratories  
2225 Centennial Drive  
Gainesville, GA 30504

Cerilliant Corporation  
811 Paloma Drive  
Suite A  
Round Rock, TX 78665

Elite Bio Reference Laboratory,  
6776 Southwest Freeway  
Suite 620  
Houston, TX 77074

AEP  
1 Riverside Plaza  
Columbus, OH 43215

CNA Insurance  
PO Box 74007619  
Chicago, IL 60674

Executive Financial Enterprises  
1636 N Wilcox Ave  
#680  
Los Angeles, CA 90028

Airgas USA, LLC  
P.O. Box 734671  
Dallas, TX 75373

Columbia Gas of Ohio  
PO Box 4629  
Carol Stream, IL 60197

ExpoTech  
10700 Rockely Road  
Houston, TX 77099

Alief ISD  
4250 Cook Rd  
Houston, TX 77072

Concord Life Sciences  
5151 Mitchelldale St  
Houston, TX 77092

Faruki Ireland Cox Rhinehart & :  
110 North Main St  
Ste 1600  
Dayton, OH 45402

Amigo Energy  
PO Box 3607  
Houston, TX 77253

Control Waste Services  
15912 Hollister St  
Houston, TX 77066

Fisher Scientific  
PO Box 40475  
Atlanta, GA 30384

Anne Harris Bennett  
7300 N Shepherd Dr  
Houston, TX 77091

Culligan of Central Ohio  
8260 Howe Industrial Pkwy  
Canal Winchester, OH 43110

Forward Financing LLC  
100 Summer Street  
Suite 1175  
Boston, MA 02110

Fox Capital Group  
65 Broadway  
Suite 804  
New York, NY 10006

Lisa Bates-Dubrow  
9451 Scanlan Heights Ln  
Missouri City, TX 77459

Paranjpe & Mahadass, LLP  
3701 Kirby Drive, Suite 530  
Houston, TX 77098

Gary E. Patterson, P.C.  
1214 Elgin Street  
Houston, TX 77004

Logan Laboratories  
5050 W Lemon St  
Tampa, FL 33609

Peak Scientific  
19 Sterling Rd  
Suite 1  
North Billerica, MA 01862

Golden West Diagnostics  
42191 Sarah Way  
Temecula, CA 92590

Logix Communication  
2950 N Loop W  
Houston, TX 77092

Pearson & Bernard PSC  
178 Barnwood Dr  
Edgewood, KY 41017

Immunalysis Corporation  
829 Towne Center Dr  
Pomona, CA 91767

Mantis Funding  
315 Madison Ave  
New York, NY 10017

Power Up Lending Group  
111 Great Neck Road  
Suite 216  
Great Neck, NY 11021

Internal Revenue Service  
P.O. Box 7346  
Philadelphia, PA 19101-7346

MedArbor LLC  
200 Rittenhouse Circle  
East Building Suite 3  
Bristol, PA 19007

Prince Edward Management, LLC  
3406 Hicks Street  
Houston, TX 77007

IPFS Corporation  
PO Box 412086  
Kansas City, MO 64141

MedSharps  
PO Box 91139  
San Antonio, TX 78209

Quantum Analytics  
3400 East Third Avenue  
San Mateo, CA 94404

Leena Shah  
14626 Bradford Colony Dr  
Houston, TX 77084

Mitali Shah  
1900 Genessee Street  
#205  
Houston, TX 77006

Quest Diagnostics  
One Malcolm Avenue  
Teterboro, NJ 07608

LG Funding  
1218 Union St  
Suite 2  
Brooklyn, NY 11256

NMS Labs  
200 Welsh Road  
Horsham, PA 19044

Quest National Services  
210 W 13th St  
Houston, TX 77008

Liles Parker, PLLC  
2121 Wisconsin Ave NW  
Suite 200  
Washington, DC 20007

Ohio River Laboratory /iPath, L  
6776 Southwest Freeway  
Suite 600  
Houston, TX 77074

Redwood Laboratory Services  
25321 Interstate 45 N Suite C  
Spring, TX 77380

Restek Corporation  
PO Box 4276  
Lancaster, PA 17604

Westfield Insurance  
One Park Circle  
P.O.Box 5001  
Westfield Center, OH 44251

RPS Consulting, Inc  
289 West Vanebrake Blvd  
Hattiesburg, MS 39402

Southwest Atrium  
6776 Southwest Freeway  
Suite 587  
Houston, TX 77074

Stuart-Lippman  
5447 E. 5th Street  
Suite 110  
Tucson, AZ 85711

Suddenlink Communications  
PO Box 742698  
Cincinnati, OH 45274

TKA Health Care, Inc  
PO Box 5459  
Pasadena, TX 77508

Totz Ellison & Totz PC  
2211 Norfolk St  
Houston, TX 77098

Uday Shah  
14626 Bradford Colony Dr  
Houston, TX 77084

UPS  
400 White Clay Center Drive  
Newark, DE 19711

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

IN RE:  
**Ohio River Laboratory /iPath, LLC**

CHAPTER 11

DEBTOR(S)

CASE NO

**LIST OF EQUITY SECURITY HOLDERS**

<b>Registered Name of Holder of Security Last Known Address or Place of Business</b>	<b>Class of Security</b>	<b>Number Registered</b>	<b>Kind of Interest Registered</b>
Leena Shah 14626 Bradford Colony Dr Houston, TX 77084	common		
Mitali Shah 1900 Genesee St #205 Houston, TX 77006	common		

**DECLARATION UNDER PENALTY OF PERJURY  
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the President of the Corporation  
named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date: 1/15/2020

Signature: /s/ Mitali Shah  
**Mitali Shah**  
**President**

## U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.

Go to [www.irs.gov/Form1120S](http://www.irs.gov/Form1120S) for instructions and the latest information.

OMB No. 1545-0123

2018

For calendar year 2018 or tax year beginning . . . . . ending

<b>A</b> S election effective date  6/1/2015	<b>TYPE OR PRINT</b>	<b>Name</b> OHIO RIVER LABORATORIES LLC	<b>D Employer identification number</b> 46-1319998	
<b>B</b> Business activity code number (see instructions)  522110		Number, street, and room or suite no. If a P.O. box, see instructions. 14626 BRADFORD COLONY DR	<b>E</b> Date incorporated 10/30/2012	
<b>C</b> Check if Sch. M-3 attached <input type="checkbox"/>		City or town HOUSTON	State TX	ZIP code 77084
		Foreign country name	Foreign province/state/county	Foreign postal code
		<b>F</b> Total assets (see instructions) \$ 0		

**G** Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☐ No If "Yes," attach Form 2553 if not already filed

**H** Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

**I** Enter the number of shareholders who were shareholders during any part of the tax year . . . . . 2

**Caution:** Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales . . . . .	<b>1a</b> 48,731	
	<b>b</b> Returns and allowances . . . . .	<b>1b</b>	
	<b>c</b> Balance. Subtract line 1b from line 1a . . . . .		<b>1c</b> 48,731
	<b>2</b> Cost of goods sold (attach Form 1125-A) . . . . .		<b>2</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .		<b>3</b> 48,731
	<b>4</b> Net gain (loss) from Form 4797, line 17 (attach Form 4797) . . . . .		<b>4</b>
<b>Deductions</b> (see instructions for limitations)	<b>5</b> Other income (loss) (see instructions—attach statement) . . . . .		<b>5</b>
	<b>6</b> Total income (loss). Add lines 3 through 5 . . . . .		<b>6</b> 48,731
	<b>7</b> Compensation of officers (see instructions — attach Form 1125-E) . . . . .		<b>7</b>
	<b>8</b> Salaries and wages (less employment credits) . . . . .		<b>8</b> 147,992
	<b>9</b> Repairs and maintenance . . . . .		<b>9</b>
	<b>10</b> Bad debts . . . . .		<b>10</b>
	<b>11</b> Rents . . . . .		<b>11</b> 3,500
	<b>12</b> Taxes and licenses . . . . .		<b>12</b> 11,552
	<b>13</b> Interest (see instructions) . . . . .		<b>13</b>
	<b>14</b> Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562) . . . . .		<b>14</b> 100,468
	<b>15</b> Depletion (Do not deduct oil and gas depletion.) . . . . .		<b>15</b>
	<b>16</b> Advertising . . . . .		<b>16</b>
	<b>17</b> Pension, profit-sharing, etc., plans . . . . .		<b>17</b>
	<b>18</b> Employee benefit programs . . . . .		<b>18</b>
	<b>19</b> Other deductions (attach statement) . . . . .		<b>19</b> 15,938
<b>20</b> Total deductions. Add lines 7 through 19 . . . . .		<b>20</b> 279,450	
<b>21</b> Ordinary business income (loss). Subtract line 20 from line 6 . . . . .		<b>21</b> -230,719	
<b>Tax and Payments</b>	<b>22a</b> Excess net passive income or LIFO recapture tax (see instructions) . . . . .	<b>22a</b>	
	<b>b</b> Tax from Schedule D (Form 1120S) . . . . .	<b>22b</b>	
	<b>c</b> Add lines 22a and 22b (see instructions for additional taxes) . . . . .		<b>22c</b> 0
	<b>23a</b> 2018 estimated tax payments and 2017 overpayment credited to 2018 . . . . .	<b>23a</b>	
	<b>b</b> Tax deposited with Form 7004 . . . . .	<b>23b</b>	
	<b>c</b> Credit for federal tax paid on fuels (attach Form 4136) . . . . .	<b>23c</b>	
	<b>d</b> Refundable credit from Form 8827, line 8c . . . . .	<b>23d</b>	
	<b>e</b> Add lines 23a through 23d . . . . .		<b>23e</b> 0
	<b>24</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . . <input type="checkbox"/>		<b>24</b>
	<b>25</b> Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed . . . . .		<b>25</b> 0
<b>26</b> Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid . . . . .		<b>26</b> 0	
<b>27</b> Enter amount from line 26: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		<b>27</b> 0	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

Title

Print/Type preparer's name

Preparer's signature

Date

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

RAJINDER SEHGAL

RAJINDER SEHGAL

9/7/2019

Check ☒ if self-employed PTIN P00879911

Firm's name RAJINDER SEHGAL CPA INC

Firm's EIN 46-4536187

Firm's address 14847 TUTTLE POINT DR

Phone no. (832) 782-8272

City HOUSTON

State TX

ZIP code 77082

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2018)



## Schedule B Other Information (see instructions)

<p><b>1</b> Check accounting method:</p> <p style="margin-left: 20px;">a <input type="checkbox"/> Cash    b <input checked="" type="checkbox"/> Accrual</p> <p style="margin-left: 20px;">c <input type="checkbox"/> Other (specify) _____</p> <p><b>2</b> See the instructions and enter the:</p> <p style="margin-left: 20px;">a Business activity <b>MEDICAL LABORATORIES</b>    b Product or service <b>MEDICAL TESTS</b></p> <p><b>3</b> At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation</p> <p><b>4</b> At the end of the tax year, did the corporation:</p> <p style="margin-left: 20px;">a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">(i) Name of Corporation</th> <th style="width: 20%;">(ii) Employer Identification Number (if any)</th> <th style="width: 20%;">(iii) Country of Incorporation</th> <th style="width: 20%;">(iv) Percentage of Stock Owned</th> <th style="width: 40%;">(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p><b>b</b> Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">(i) Name of Entity</th> <th style="width: 20%;">(ii) Employer Identification Number (if any)</th> <th style="width: 20%;">(iii) Type of Entity</th> <th style="width: 20%;">(iv) Country of Organization</th> <th style="width: 40%;">(v) Maximum Percentage Owned in Profit, Loss, or Capital</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <p><b>5a</b> At the end of the tax year, did the corporation have any outstanding shares of restricted stock? . . . . .</p> <p style="margin-left: 20px;">If "Yes," complete lines (i) and (ii) below.</p> <p style="margin-left: 40px;">(i) Total shares of restricted stock . . . . .</p> <p style="margin-left: 40px;">(ii) Total shares of non-restricted stock . . . . .</p> <p><b>b</b> At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? . . . . .</p> <p style="margin-left: 20px;">If "Yes," complete lines (i) and (ii) below.</p> <p style="margin-left: 40px;">(i) Total shares of stock outstanding at the end of the tax year . . . . .</p> <p style="margin-left: 40px;">(ii) Total shares of stock outstanding if all instruments were executed . . . . .</p> <p><b>6</b> Has this corporation filed, or is it required to file, <b>Form 8918</b>, Material Advisor Disclosure Statement, to provide information on any reportable transaction? . . . . .</p> <p><b>7</b> Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . <input type="checkbox"/></p> <p style="margin-left: 20px;">If checked, the corporation may have to file <b>Form 8281</b>, Information Return for Publicly Offered Original Issue Discount Instruments.</p> <p><b>8</b> If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years (see instructions) ▶ \$ . . . . .</p> <p><b>9</b> Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions . . . . .</p> <p><b>10</b> Does the corporation satisfy one of the following conditions and the corporation doesn't own a pass-through entity with current year, or prior year carryover, excess business interest expense? See instructions . . . . .</p> <p style="margin-left: 20px;">a The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year don't exceed \$25 million, and the corporation isn't a tax shelter; or</p> <p style="margin-left: 20px;">b The corporation only has business interest expense from (1) an electing real property trade or business, (2) an electing farming business, or (3) certain utility businesses under section 163(j)(7).</p> <p style="margin-left: 40px;">If "No," complete and attach Form 8990.</p> <p><b>11</b> Does the corporation satisfy both of the following conditions?</p> <p style="margin-left: 20px;">a The corporation's total receipts (see instructions) for the tax year were less than \$250,000 . . . . .</p> <p style="margin-left: 20px;">b The corporation's total assets at the end of the tax year were less than \$250,000 . . . . .</p> <p style="margin-left: 40px;">If "Yes," the corporation is not required to complete Schedules L and M-1.</p>	(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made																					(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital																				
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(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital																																															

**Schedule B Other Information (see instructions) (continued)**

	Yes	No
<b>12</b> During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? . . . . .		X
If "Yes," enter the amount of principal reduction . . . . . ▶ \$		
<b>13</b> During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions . . . . .		X
<b>14a</b> Did the corporation make any payments in 2018 that would require it to file Form(s) 1099? . . . . .		
<b>b</b> If "Yes," did the corporation file or will it file required Forms 1099? . . . . .		
<b>15</b> Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . .		X
If "Yes," enter the amount from Form 8996, line 13 . . . . . ▶ \$		

**Schedule K Shareholders' Pro Rata Share Items**

Total amount

Income (Loss)	<b>1</b> Ordinary business income (loss) (page 1, line 21) . . . . .	<b>1</b>	-230,719
	<b>2</b> Net rental real estate income (loss) (attach Form 8825) . . . . .	<b>2</b>	
	<b>3a</b> Other gross rental income (loss) . . . . . <b>3a</b>		
	<b>b</b> Expenses from other rental activities (attach statement) . . . . . <b>3b</b>		
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a . . . . . <b>3c</b>		0
	<b>4</b> Interest income . . . . . <b>4</b>		
	<b>5</b> Dividends: <b>a</b> Ordinary dividends . . . . . <b>5a</b>		
	<b>b</b> Qualified dividends . . . . . <b>5b</b>		
	<b>6</b> Royalties . . . . . <b>6</b>		
	<b>7</b> Net short-term capital gain (loss) (attach Schedule D (Form 1120S)) . . . . . <b>7</b>		
Income (Loss)	<b>8a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1120S)) . . . . . <b>8a</b>		
	<b>b</b> Collectibles (28%) gain (loss) . . . . . <b>8b</b>		
	<b>c</b> Unrecaptured section 1250 gain (attach statement) . . . . . <b>8c</b>		
<b>9</b> Net section 1231 gain (loss) (attach Form 4797) . . . . . <b>9</b>			
<b>10</b> Other income (loss) (see instructions) . . . . . Type ▶ <b>10</b>			
Deductions	<b>11</b> Section 179 deduction (attach Form 4562) . . . . . <b>11</b>		
	<b>12a</b> Charitable contributions . . . . . <b>12a</b>		
	<b>b</b> Investment interest expense . . . . . <b>12b</b>		
	<b>c</b> Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶ <b>12c(2)</b>		
<b>d</b> Other deductions (see instructions) . . . . . Type ▶ <b>12d</b>			
Credits	<b>13a</b> Low-income housing credit (section 42(j)(5)) . . . . . <b>13a</b>		
	<b>b</b> Low-income housing credit (other) . . . . . <b>13b</b>		
	<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) . . . . . <b>13c</b>		
	<b>d</b> Other rental real estate credits (see instructions) . . . . . Type ▶ <b>13d</b>		
	<b>e</b> Other rental credits (see instructions) . . . . . Type ▶ <b>13e</b>		
	<b>f</b> Biofuel producer credit (attach Form 6478) . . . . . <b>13f</b>		
	<b>g</b> Other credits (see instructions) . . . . . Type ▶ <b>13g</b>		
Foreign Transactions	<b>14a</b> Name of country or U.S. possession ▶ <b>14a</b>		
	<b>b</b> Gross income from all sources . . . . . <b>14b</b>		
	<b>c</b> Gross income sourced at shareholder level . . . . . <b>14c</b>		
	Foreign gross income sourced at corporate level . . . . . <b>14d</b>		
	<b>d</b> Section 951A category . . . . . <b>14d</b>		
	<b>e</b> Foreign branch category . . . . . <b>14e</b>		
	<b>f</b> Passive category . . . . . <b>14f</b>		
	<b>g</b> General category . . . . . <b>14g</b>		
	<b>h</b> Other (attach statement) . . . . . <b>14h</b>		
	Deductions allocated and apportioned at shareholder level . . . . . <b>14i</b>		
	<b>i</b> Interest expense . . . . . <b>14i</b>		
	<b>j</b> Other . . . . . <b>14j</b>		
	Deductions allocated and apportioned at corporate level to foreign source income . . . . . <b>14k</b>		
	<b>k</b> Section 951A category . . . . . <b>14k</b>		
	<b>l</b> Foreign branch category . . . . . <b>14l</b>		
	<b>m</b> Passive category . . . . . <b>14m</b>		
	<b>n</b> General category . . . . . <b>14n</b>		
	<b>o</b> Other (attach statement) . . . . . <b>14o</b>		
Other information . . . . . <b>14p</b>			
<b>p</b> Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued . . . . . <b>14p</b>			
<b>q</b> Reduction in taxes available for credit (attach statement) . . . . . <b>14q</b>			
<b>r</b> Other foreign tax information (attach statement) . . . . . <b>14r</b>			



Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount	
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment . . . . .	15a	
	b	Adjusted gain or loss . . . . .	15b	
	c	Depletion (other than oil and gas) . . . . .	15c	
	d	Oil, gas, and geothermal properties—gross income . . . . .	15d	
	e	Oil, gas, and geothermal properties—deductions . . . . .	15e	
	f	Other AMT items (attach statement) . . . . .	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income . . . . .	16a	
	b	Other tax-exempt income . . . . .	16b	
	c	Nondeductible expenses . . . . .	16c	
	d	Distributions (attach statement if required) (see instructions) . . . . .	16d	
	e	Repayment of loans from shareholders . . . . .	16e	
Other Information	17a	Investment income . . . . .	17a	
	b	Investment expenses . . . . .	17b	
	c	Dividend distributions paid from accumulated earnings and profits . . . . .	17c	
	d	Other items and amounts (attach statement) . . . . .		
Recon- ciliation	18	<b>Income/loss reconciliation.</b> Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p .	18	-230,719

Schedule L		Balance Sheets per Books		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)		
<b>Assets</b>							
1	Cash . . . . .						
2a	Trade notes and accounts receivable . . . . .						
b	Less allowance for bad debts . . . . .		0				0
3	Inventories . . . . .						
4	U.S. government obligations . . . . .						
5	Tax-exempt securities (see instructions) . . . . .						
6	Other current assets (attach statement) . . . . .						
7	Loans to shareholders . . . . .						
8	Mortgage and real estate loans . . . . .						
9	Other investments (attach statement) . . . . .						
10a	Buildings and other depreciable assets . . . . .						
b	Less accumulated depreciation . . . . .		0				0
11a	Depletable assets . . . . .						
b	Less accumulated depletion . . . . .		0				0
12	Land (net of any amortization) . . . . .						
13a	Intangible assets (amortizable only) . . . . .						
b	Less accumulated amortization . . . . .		0				0
14	Other assets (attach statement) . . . . .						
15	<b>Total assets</b> . . . . .		0				0
<b>Liabilities and Shareholders' Equity</b>							
16	Accounts payable . . . . .						
17	Mortgages, notes, bonds payable in less than 1 year . . . . .						
18	Other current liabilities (attach statement) . . . . .						
19	Loans from shareholders . . . . .						
20	Mortgages, notes, bonds payable in 1 year or more . . . . .						
21	Other liabilities (attach statement) . . . . .						
22	Capital stock . . . . .						
23	Additional paid-in capital . . . . .						
24	Retained earnings . . . . .						
25	Adjustments to shareholders' equity (attach statement) . . . . .						
26	Less cost of treasury stock . . . . .						
27	<b>Total liabilities and shareholders' equity</b> . . . . .		0				0

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note:** The corporation may be required to file Schedule M-3 (see instructions)

<b>1</b> Net income (loss) per books . . . . .		<b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
<b>2</b> Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) . . . . .		<b>a</b> Tax-exempt interest \$ . . . . .	0
<b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		<b>6</b> Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
<b>a</b> Depreciation \$ . . . . .		Depreciation \$ . . . . .	0
<b>b</b> Travel and entertainment \$ . . . . .		<b>a</b> . . . . .	0
	0	<b>7</b> Add lines 5 and 6 . . . . .	0
<b>4</b> Add lines 1 through 3 . . . . .	0	<b>8</b> Income (loss) (Schedule K, line 18). Line 4 less line 7 . . . . .	0

**Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instructions)**

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
<b>1</b> Balance at beginning of tax year . . . . .	1,059,720			
<b>2</b> Ordinary income from page 1, line 21 . . . . .				
<b>3</b> Other additions . . . . .				
<b>4</b> Loss from page 1, line 21 . . . . .	-230,719			
<b>5</b> Other reductions . . . . .				
<b>6</b> Combine lines 1 through 5 . . . . .	829,001	0	0	0
<b>7</b> Distributions . . . . .				
<b>8</b> Balance at end of tax year. Subtract line 7 from line 6 . . . . .	829,001	0	0	0

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☐ Final K-1☐ Amended K-1

OMB No. 1545-0123

**Schedule K-1  
(Form 1120S)**Department of the Treasury  
Internal Revenue Service**2018**

For calendar year 2018, or tax year

beginning

ending

**Shareholder's Share of Income, Deductions,  
Credits, etc.**

▶ See back of form and separate instructions.

**Part I Information About the Corporation****A** Corporation's employer identification number

46-1319998

**B** Corporation's name, address, city, state, and ZIP codeOHIO RIVER LABORATORIES LLC  
14626 BRADFORD COLONY DR  
HOUSTON, TX 77084**C** IRS Center where corporation filed return  
e-file**Part II Information About the Shareholder****D** Shareholder's identifying number

Shareholder: 1

**E** Shareholder's name, address, city, state, and ZIP codeMITALI U SHAH  
14626 BRADFORD COLONY  
HOUSTON, TX 77084**F** Shareholder's percentage of stock

ownership for tax year . . . . . 50.000000%

For IRS Use Only

**Part III Shareholder's Share of Current Year Income,  
Deductions, Credits, and Other Items**

<b>1</b>	Ordinary business income (loss)	<b>13</b>	Credits
	-115,359		
<b>2</b>	Net rental real estate income (loss)		
<b>3</b>	Other net rental income (loss)		
<b>4</b>	Interest income		
<b>5a</b>	Ordinary dividends		
<b>5b</b>	Qualified dividends	<b>14</b>	Foreign transactions
<b>6</b>	Royalties		
<b>7</b>	Net short-term capital gain (loss)		
<b>8a</b>	Net long-term capital gain (loss)		
<b>8b</b>	Collectibles (28%) gain (loss)		
<b>8c</b>	Unrecaptured section 1250 gain		
<b>9</b>	Net section 1231 gain (loss)		
<b>10</b>	Other income (loss)	<b>15</b>	Alternative minimum tax (AMT) items
<b>11</b>	Section 179 deduction	<b>16</b>	Items affecting shareholder basis
<b>12</b>	Other deductions		
		<b>17</b>	Other information

\* See attached statement for additional information.



**Schedule K-1**  
**(Form 1120S)**

Department of the Treasury  
Internal Revenue Service

**2018**

For calendar year 2018, or tax year

beginning

ending

**Shareholder's Share of Income, Deductions, Credits, etc.**

► See back of form and separate instructions.

671117

☐ Final K-1

☐ Amended K-1

OMB No. 1545-0123

**Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

1	Ordinary business income (loss)	13	Credits
	-115,360		
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Foreign transactions
6	Royalties		
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)		
10	Other income (loss)	15	Alternative minimum tax (AMT) items
11	Section 179 deduction	16	Items affecting shareholder basis
12	Other deductions		
		17	Other information

\* See attached statement for additional information.

**Part I Information About the Corporation**

A Corporation's employer identification number  
46-1319998

B Corporation's name, address, city, state, and ZIP code

OHIO RIVER LABORATORIES LLC  
14626 BRADFORD COLONY DR  
HOUSTON, TX 77084

C IRS Center where corporation filed return  
e-file

**Part II Information About the Shareholder**

D Shareholder's identifying number Shareholder: 2

E Shareholder's name, address, city, state, and ZIP code

LEENA SHAH  
14626 BRADFORD COLONY  
HOUSTON, TX 77084

F Shareholder's percentage of stock ownership for tax year . . . . . 50.000000%

For IRS Use Only

# Cost of Goods Sold

▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**  
▶ **Go to [www.irs.gov/Form1125A](http://www.irs.gov/Form1125A) for the latest information.**

OMB No. 1545-0123

Name

OHIO RIVER LABORATORIES LLC

Employer identification number

46-1319998

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>		
<b>2</b>	Purchases . . . . .	<b>2</b>		
<b>3</b>	Cost of labor . . . . .	<b>3</b>		
<b>4</b>	Additional section 263A costs (attach schedule) . . . . .	<b>4</b>		
<b>5</b>	Other costs (attach schedule) . . . . .	<b>5</b>		
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>		0
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>		
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions . . . . .	<b>8</b>		0

**9 a** Check all methods used for valuing closing inventory:

(i) ☐ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶

**b** Check if there was a writedown of subnormal goods . . . . . ▶ ☐

**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) . . . . . ▶ ☐

**d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO . . . . .

**9d**

**e** If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions . . . . . ☐ Yes ☐ No

**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☐ Yes ☐ No

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2018**

Attachment

Sequence No. **27**Name(s) shown on return  
**OHIO RIVER LABORATORIES LLC**

Identifying number

**46-1319998**

- 1**
- Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .

**1****Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)**

<b>2</b>	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
							0
							0
							0

- 3** Gain, if any, from Form 4684, line 39 . . . . . **3**
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 . . . . . **4**
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 . . . . . **5**
- 6** Gain, if any, from line 32, from other than casualty or theft . . . . . **6**
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows . . . . . **7** 0

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions . . . . . **8**
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions . . . . . **9** 0

**Part II Ordinary Gains and Losses (see instructions)**

- 10**
- Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

						0
						0
						0

- 11** Loss, if any, from line 7 . . . . . **11** ( )
- 12** Gain, if any, from line 7 or amount from line 8, if applicable . . . . . **12**
- 13** Gain, if any, from line 31 . . . . . **13**
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a . . . . . **14**
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 . . . . . **15**
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 . . . . . **16**
- 17** Combine lines 10 through 16 . . . . . **17** 0
- 18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.
- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions . . . . . **18a**
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), line 14 . . . . . **18b** 0

**For Paperwork Reduction Act Notice, see separate instructions.**Form **4797** (2018)



**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2018**

Attachment

Sequence No. **179**Name(s) shown on return  
OHIO RIVER LABORATORIES LLCBusiness or activity to which this form relates  
1120S - MEDICAL LABORATORIESIdentifying number  
46-1319998**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	100,468
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

**Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	100,468
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2018)